

# EMPLOYMENT APPLICATION



Seminole County Tax Collector

1101 E. 1<sup>st</sup> Street, Sanford, FL 32771

<http://www.seminolecounty.tax>

**For Official Use Only:**  
QUAL: \_\_\_\_\_  
DNQ: \_\_\_\_\_  
Experience \_\_\_\_\_  
Training \_\_\_\_\_  
Other: \_\_\_\_\_

**INSTRUCTIONS:** Make sure the application is legible and signed, make sure to answer all of the question, if they do not apply to you indicate N/A. You may attach a resume but it will not substitute completion of the job application. If you need to include additional work experience, use the "Additional Work Experience" sheet at the end of the application.

Submit completed applications to [sctcHR@SeminoleCounty.tax](mailto:sctcHR@SeminoleCounty.tax)

## PERSONAL INFORMATION

**POSITION APPLYING FOR:**

**Job Number:**

**NAME:** (Last, First, Middle)

**DATE AND MONTH OF BIRTH:**

**ADDRESS:** (Street, City, State, Zip Code)

**HOME PHONE:**

**EMAIL ADDRESS:**

**DRIVER'S LICENSE:**

State:

Number:

**LEGAL RIGHT TO WORK IN THE UNITED STATES?:**

Yes  No

**HIGHEST LEVEL OF EDUCATION:**

## PREFERENCES

**ARE YOU WILLING TO RELOCATE?**

Yes  No  Maybe

**SHIFTS YOU WILL ACCEPT:**

Day  Evening  Night  Rotating  Weekends  On Call

**WHAT TYPE OF JOB ARE YOU LOOKING FOR?**

Regular  Temporary  Seasonal  Internship

**TYPES OF WORK YOU WILL ACCEPT:**

Full Time  Part Time  Per Diem

**OBJECTIVE:**

## EDUCATION

**DATES:**

**SCHOOL NAME:**

**LOCATION:**(City, State)

**DID YOU GRADUATE?**

Yes  No

**DEGREE RECEIVED:**

**MAJOR/MINOR:**

**UNITS COMPLETED:**

<b>DATES:</b>		<b>SCHOOL NAME:</b>	
<b>LOCATION:(City, State)</b>		<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>
<b>MAJOR/MINOR:</b>			<b>UNITS COMPLETED:</b>

<b>DATES:</b>		<b>SCHOOL NAME:</b>	
<b>LOCATION:(City, State)</b>		<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>
<b>MAJOR/MINOR:</b>			<b>UNITS COMPLETED:</b>

<b>DATES:</b>		<b>SCHOOL NAME:</b>	
<b>LOCATION:(City, State)</b>		<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>
<b>MAJOR/MINOR:</b>			<b>UNITS COMPLETED:</b>

**WORK EXPERIENCE**

*Make sure your application describes, in detail, the duties of each of the jobs you list. Begin with your present or most recent job and work backwards consecutively to reflect at least ten (10) consecutive years of experience. Count each promotion as a separate job. Be sure to include all relevant details regarding the job(s) you've worked. Applications that state only a job title and/or "See Resume" or similar wording in the "Duties" section will be considered incomplete and will not be reviewed for the minimum requirements for the applicant's position of interest. An attached resume is not a substitute for the required information on the application.*

<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS: (Street, City, State, Zip Code):</b>		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b># OF EMPLOYEES SUPERVISED:</b>

**DUTIES:**

**REASON FOR LEAVING:**

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<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code):		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b># OF EMPLOYEES SUPERVISED:</b>
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code):		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b># OF EMPLOYEES SUPERVISED:</b>
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

**CERTIFICATES AND LICENSES**

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**SKILLS**

<b>TYPING SKILLS:</b>
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<b>CASH HANDLING SKILLS:</b>
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**LANGUAGE(S):**

**SUPPLEMENTAL INFORMATION:**

**REFERENCES**

<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
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**ADDRESS:** (Street, City, State, Zip Code)

<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>
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<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
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**ADDRESS:** (Street, City, State, Zip Code)

<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>
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<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
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**ADDRESS:** (Street, City, State, Zip Code)

<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>
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**Agency - Wide Questions**

1. **What do you perceive yourself to be? (Optional)**
- America Indian/Alaskan
  - Asian/Pacific Islander
  - Black
  - Hispanic
  - White
  - Other
  - Prefer Not to Answer

**2. Gender? (Optional)**

- Male
- Female
- Prefer Not to Answer

**3. You are NOT required to disclose information about a physical or mental disability. However, you may voluntarily disclose a disability that have an impact on your ability to perform the essential functions of the job. If you require accommodations to complete an examination or interview, please inform the Seminole County Tax Collector Human Resources. Such requests for accommodation should be made at least 48 hours before the examination or interview.**

**Do you have a mental or physical disability that you would like to voluntarily disclose?**

- Yes
- No

**4. If your answer was "Yes" to the above question, state your disability and what accommodations you would need to perform the essential functions of the job. If you answered "No" please indicate N/A.**

**5. Per F.S. 1.01(14) the term "veteran" means a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or during periods of wartime service.**

**Florida Statute (Section 295.07) extends veterans' preference in the appointment, retention, and promotion of certain veterans and spouses of veterans who are Florida residents.**

**1.) A disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. Department of Defense.**

**2.) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.**

**3.) A wartime veteran as defined in s. 1.01(14), who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.**

**4.) The unremarried widow or widower of a veteran who died of a service-connected disability.**

**5.) The mother, father, legal guardian, or unremarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of**

Defense.

6.) A veteran as defined in s. 1.01(14), F.S. Active duty for training may not be allowed for eligibility under this paragraph.

7.) A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

**NOTE: An applicant who believes he or she was not afforded employment, promotion or retention preference may file a complaint with the FDVA. The complaint must be made within 60 days from the date a non-select notice was received. The FDVA can investigate and make a determination as to whether a violation has occurred. If you would like to file a complaint, please contact the Florida Department of Veteran's Affairs at [www.floridavets.org](http://www.floridavets.org) or call 1-800-273-8255.**

Are you claiming Veteran's Preference?

If you answered "Yes", you need to attach your DD-214 Member 4 Form and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent at the time of application.

Yes  No

6. **Type of Discharge**

- Honorable
- General (under honorable/under less than honorable)
- Undesirable
- Bad Conduct
- Dishonorable
- Uncharacterized
- Not Claiming Veterans Preference

7. **Social Security Number Collection Disclosure: The Seminole County Tax Collector (SCTC) collects your social security number and may disclose your social security number to a commercial entity in order to comply with Section 119.071(5), Florida Statutes, for the following purposes, including but not limited to: background investigations, consumer credit, criminal record and/or driving history checks; drug testing administration; confidential medical documentation; benefit processing; pension and workers' compensation; payroll processing; tax reporting; and/or for use in identification of SCTC employees for any purpose allowed under law not limited by protection under state or federal privacy laws. Social security numbers are also used as a unique numeric identifier and may be used for verification or search purposes. SCTC may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.**

I have read and understand this statement.

8. **Social Security Number - Please enter your Social Security Number in the field below.**

9. **Florida Retirement System (FRS) Certification Have you ever been a member of a State of Florida administered retirement plan?**

Yes  No

10. **Florida Retirement System (FRS) Are you retired from any State of Florida administered retirement plan? NOTE: You are considered retired if:**

1.) You have received any benefits under the FRS Pension Plan (including DROP), or

2.) You have taken any distribution (including a rollover) from the FRS Investment Plan or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

Yes    No

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11. **If you answered "Yes" to the above question, enter your retirement or distribution effective date. If you answered "No" please indicate N/A.**

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12. **Do you currently possess a valid Florida Driver's License?**

Yes    No

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13. **If you answered "No" to the above question. Are you able to obtain a valid Florida Driver's License by the time of hire?**

Yes    No    Not Applicable

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14. **Have your driving privileges ever been suspended, revoked, or denied?**

A "Yes" answer is not an automatic bar from employment. The nature, severity, and date of the offense in relation to the position for which you are applying, will be considered. If you are not sure or do not remember what happened, contact the appropriate county, state, or federal agency so that you can accurately report information about your driving history below.

A "yes" or "no" answer to this question indicates that I have read this section and understand that my failure to disclose an accurate and complete history of all of my driving record will constitute a sufficient basis for the Seminole County Tax Collector to disqualify me from employment and, if employed, subsequent dismissal.

Yes    No

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15. **If you answered "Yes" to the above question, you must list all cases in which your driving privileges were suspended, revoked or denied. If you answered "No" please indicate N/A.**

Failure to disclose an accurate and complete history of all of my driving suspensions, revocations, or denials will constitute a sufficient basis for the Seminole County Tax Collector to disqualify me from employment and, if employed, subsequent dismissal. Any false, incomplete or incorrect statements will be a basis for disqualification from employment and, if employed, subsequent dismissal.

16. Have you ever been convicted, plead guilty or Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)?

A "Yes" answer is not an automatic bar from employment. The nature, severity, and date of the offense in relation to the position for which you are applying, will be considered. If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can accurately report information about your criminal history below.

A "yes" or "no" answer to this question indicates that I have read this section and understand that my failure to disclose an accurate and complete history of all of my convictions will constitute a sufficient basis for the Seminole County Tax Collector to disqualify me from employment and, if employed, subsequent dismissal.

Yes  No

17. If you answered "Yes" to the above question, you must list all cases in which you were convicted, plead guilty or plead Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation). If you answered "No" please indicate N/A.

Failure to disclose an accurate and complete history of all of my convictions will constitute a sufficient basis for the Seminole County Tax Collector to disqualify me from employment and, if employed, subsequent dismissal. Any false, incomplete or incorrect statements will be a basis for disqualification from employment and, if employed, subsequent dismissal.

18. Have you ever been convicted by court-martial?

Yes  No

19. If you answered "Yes" to the above question, please explain what happened, where, and when. If you answered "No" please indicate N/A

20. Do you have any relatives that work at the Seminole County Tax Collector?

Yes  No



21.	If you answered "Yes" to the previous question, please give relative name and position. If you answered "No" please indicate N/A.
22.	<p>Are you a current Seminole County Tax Collector employee?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
23.	If you answered "Yes" to the above question, please list your current title. If you answered "No" please indicate N/A.
24.	<p>Have you ever been employed by the Seminole County Tax Collector?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
25.	If you answered "Yes" to the above question, please explain where and when. If you answered "No" please indicate N/A.
26.	<p>Former Seminole County Tax Collector employees who were terminated for cause are not eligible for re-hire. This includes employees who were involuntarily terminated, resigned in lieu of termination, and those employees who resigned without notice. Former employees who were terminated during a probationary period may be considered (on a case by case basis) for re-hire.</p> <input type="checkbox"/> I have read and understand this statement.
27.	<p>Have you ever resigned/quit after being informed that your employer intended to discharge/fire you?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
28.	<p>Have you ever been discharged/fired from employment?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
29.	If you answered "Yes" to either question (above), please give the following information. Employer, address, date, and explanation of details. If you answered "No" please indicate N/A.
30.	If currently employed, what is your current annual salary? If not currently employed, what was your last annual salary?
31.	Minimum salary you will accept:

32. **Where did you first receive job information on employment with the Seminole County Tax Collector?**

- Seminole County Tax Collector Website
- News Paper
- Previous Employment with SCTC
- Job Interest Card Notification
- Job Expo / Career Fair
- Job Board (Indeed, ZipRecruiter, Etc.)
- Social Media Sites
- Other Websites
- Friend
- Relative
- Other

33. **If you selected "other" or "other website", please indicate the source. Otherwise, please indicate N/A.**

**Applicant Declarations**

I am aware that this application is subject to the provision of Florida Statute Chapter 119 and upon submission, **becomes public record and can be requested or subjected to inspection at any time.**

***I hereby acknowledge that I have completely and accurately listed on this application all of my employment for the past 10 consecutive years.*** I certify that each answer to any question/statement herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time. I understand that I must notify Seminole County Tax Collector Human Resources of any changes in my name, address, or phone number in a timely manner.

By signing below, I agree to comply with all its orders, rules and regulations if I am employed by the Seminole County Tax Collector. I authorize the Seminole County Tax Collector to make investigations as to my character, employment record, criminal record, credit history (pursuant to the Fair Credit Reporting Act), or matters as may be deemed necessary in arriving at an employment decision. I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, criminal, and other types of background information to the Seminole County Tax Collector and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information.

I understand that any offer of employment is conditional upon my taking and passing a pre-employment drug examination. I understand that if I should become an employee, that upon termination of employment, I will return all property assigned to me by the Seminole County Tax Collector.

I have read and understand the above information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## ADDITIONAL WORK EXPERIENCE

*If you need to include additional work experience, information please use the space below and include it with the rest of the job application.*

<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code):		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b># OF EMPLOYEES SUPERVISED:</b>

**DUTIES:**

**REASON FOR LEAVING:**



<b>DATES:</b>	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code):		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b># OF EMPLOYEES SUPERVISED:</b>

**DUTIES:**

**REASON FOR LEAVING:**